

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/				
2	/		/				52						
3	/		/				53						
4		/		/			54						
5	/		/	/			55						
6	/		/	/			56						
7		/		/			57						
8		2		/			58						
9		2		/			59						
10		/		/			60						
11	/		/				61						
12	/		/				62						
13		/		/			63						
14		/		/			64						
15		①		/			65						
16		①		/			66						
17		①		/			67						
18		①		/			68						
19		①		/			69						
20		①		/			70						
21		①		/			71						
22				/			72						
23				/			73						
24				/			74						
25				/			75						
26				/			76						
27				/			77						
28				/			78						
29				/			79						
30				/			80						
31				/			81						
32				/			82						
33				/			83						
34				/			84						
35				/			85						
36				/			86						
37				/			87						
38				/			88						
39				/			89						
40				/			90						
41				/			91						
42				/			92						
43				/			93						
44				/			94						
45				/			95						
46				/			96						
47				/			97						
48			/				98						
49				/			99						
50				/			100						
TOTAL IND.	7		8				TOTAL IND.						
TOTAL DEP.	16		34				TOTAL DEP.						
TOTAL CLAIMS	23		42				TOTAL CLAIMS						